

## **General Dental Practice Inspection (Announced)**

Mydentist Tonypandy, Cwm Taf  
University Health Board

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Mydentist Tonypandy at 49-51 Dunraven Street, Tonypandy, CF40 1AL, within Cwm Taf University Health Board on the 4 July 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that the practice provides safe and effective care to its patients. The practice was clean and tidy and the surgeries were uncluttered and sufficiently stocked.

The practice was patient focussed, providing opportunities for patients to provide feedback. The results are analysed regularly and used by staff to ensure services are delivered to a high standard.

Systems were in place to capture any complaints and compliments and the information was regularly analysed to identify any themes.

Infection control procedures were aligned to the necessary guidance and audit tools. We saw evidence that regular checks of the equipment and decontamination processes were taking place.

We recommended some improvements regarding patient notes, specifically more detail when recording social history and cancer screening. Radiographs need to be reviewed due to the image distortions/alignment issues we found and the frequency of radiographs needs to be reviewed in line with guidance.

All dentists need to complete training in the protection of vulnerable adults and children and evidence kept on file.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received.
- We found evidence of effective systems in place to support the overall practice management and leadership.
- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service.

- Clinical facilities were well-equipped, visibly clean, tidy and well organised.
- Appropriate arrangements were in place for the safe use of x-rays.
- Dental instruments were cleaned and sterilised appropriately.
- Systems for governance and monitoring the quality of the service against the requirements of the regulations were in place.

This is what we recommend the service could improve:

- A system for patients to submit written feedback at the practice is required which will support existing arrangements
- All dentists need to have up dated training in the protection of vulnerable adults and children
- Patient records need improving, specifically recording more detail for social history and cancer screening and the practice needs to evidence that the patient and dentist have read/updated medical histories
- Radiograph alignment issues need to be reviewed and outcomes actioned. The frequency of radiographs need to be established in line with current guidelines
- A peer review system needs to be implemented for clinical staff

See Appendix C for the full list of recommendations.

## 3. What we found

### **Background of the service**

Mydentist Tonypandy provides services to patients in the Tonypandy and surrounding communities. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice has a staff team which includes five dentists, (with an additional dentist due to start in the next month), one hygienist, nine dental nurses, three reception staff and one practice manager.

The practice provides a range of NHS and private dental services.



## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found that this practice was working hard to provide a high quality experience to their patient population. We found relevant information displayed in the waiting area and the feedback we received via HIW questionnaires confirmed that patients were very happy with the service they receive.

The practice was supported by computer systems that ensured complaints and comments are captured consistently and analysed by head office. We recommended that additional feedback systems are introduced to ensure all patients have an opportunity to provide their feedback/comments.

We asked the practice to consider their patient population to ensure that facilities such as the public toilet, is accessible for those patients with mobility issues and/or wheelchair users.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. A total of ten were completed. Patient comments included the following:

*"It's a good service and runs to a good standard"*

*"Seems ok as is"*

## Staying healthy

Health promotion information was available in the waiting areas, including information leaflets and posters regarding different forms of treatments and preventative information. We noted that there were some posters which contained information in both English and Welsh. TV screens in the waiting area also provided patient information including preventative information and different treatments available at the practice.

Price lists were displayed in the waiting area for both NHS charges and private treatment costs.

A sign displaying 'no smoking' was displayed in reception which confirmed the emphasis being placed on compliance with smoke free premises legislation.

## **Dignified care**

We saw evidence that patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in private, away from other patients if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were treated with respect when they visited the practice.

## **Patient information**

All patients who completed HIW questionnaires told us they received enough information about their treatment. Everyone agreed that they were involved as much as they wanted to be in any decisions made about their treatment.

All patients told us that the dental team had helped them understand all available options when they required treatment.

The majority of patients said the cost of treatment was made clear to them before they received treatment and the majority of patients also told us they understood how the cost of their treatment was calculated.

## **Communicating effectively**

Some patient information displayed in the waiting area was in Welsh and English. None of the patients who completed HIW questionnaires confirmed themselves as Welsh speakers, but all respondents said they were able to speak to staff in their preferred language.

Staff told us that new practice information leaflets had been ordered which will contain information about the team, opening hours and services provided.

## **Timely care**

We found that the practice made efforts to ensure patients were seen in a timely manner. Staff told us that if the dentist was running late they would make sure they kept patients informed.

All the patients who completed HIW questionnaires told us they knew how to access out of hours dental care. An emergency contact telephone number for patients' use was provided on the practice's answerphone message and displayed on the entrance door, so that patients could access emergency care.

## **Individual care**

### **Planning care to promote independence**

Feedback from the patients who completed our questionnaires all confirmed that the dental team had discussed with them how to keep their mouths and teeth healthy.

All patient responses confirmed that the dental team helped patients understand all available options when treatment was needed and they were involved as much as they wanted to be in any decisions about their treatment

### **People's rights**

We noted that the practice had a dedicated equality and diversity policy in place. This meant that the practice was committed to ensure that everyone had access to the same opportunities and to the same fair treatment.

Entry to the practice was accessible for those with mobility issues, with a large open plan waiting/reception area and some surgeries were located on the ground floor.

There were public toilets available on the ground floor but at the time of our visit these were not clearly signposted. The amenities were clean and provided hand washing and drying facilities, however they were unsuitable for wheelchair users and those patients with mobility issues, due to the small cubicles and lack of hand rails. We discussed this with staff at the time of our visit and were informed that the building had been adapted as far as possible to assist patients.

### **Listening and learning from feedback**

The practice had a complaints policy and procedure in place. There were separate procedures displayed in the waiting area for NHS and private patients and we noted that the information gave patients response timescales which were in line with 'Putting Things Right' for NHS procedures and the regulations for private patients. The procedures included details of alternative organisations that may be contacted by patients if raising a complaint.

Systems were in place to record, monitor and respond to any complaints the practice received. The complaints system (known as Clarity) was linked to the head office so the organisation had an overview of the information being received. We were told that information was regularly analysed to help identify any common complaints themes, which would be discussed with staff via team meetings.

The practice had a system in place to obtain patient feedback/views of the service. At the time of our visit, patients with mobile phone numbers would be sent a survey to complete and rate their experience. The responses are submitted to head office and an analysis is provided for the practice to see the areas they are doing well in and the areas they may need to improve.

There was no system in place for patients to provide feedback in writing at the practice so we recommended that the practice looked into this type of facility to ensure all patients had an opportunity to provide feedback/comments.

#### Improvement needed

Additional patient feedback systems need to be put in place so patients have an opportunity to provide their feedback/comments in writing and submit these at the practice

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. We saw evidence of various contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the necessary guidance and audit tools. We saw evidence that regular checks of the equipment and decontamination processes were taking place.

We recommended some improvements regarding patient notes, specifically more detail was needed, when recording social history and cancer screening. Radiographs need to be reviewed due to the image distortions/alignment issues we found and the frequency of radiographs needs to be reviewed in line with guidance.

All dentists need to complete training in the protection of vulnerable adults and children and evidence kept on file.

### Safe care

There were no immediate assurance issues identified during this inspection visit.

### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately. Arrangements with the local council were in place for the disposal of non hazardous (household) waste.

The practice was a two storey building with the majority of patient facilities on the ground floor. The second floor housed additional dental surgeries, the hygienist room and staff areas. The building was visibly well maintained both internally and externally and all areas within the practice were clean and tidy. A public toilet was available but there was no sign in the waiting room to indicate the location, which we informed staff of at the time of our visit.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

#### Improvement needed

The signs need to be reviewed for the public toilet to ensure it can be located by patients

#### Infection prevention and control

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection

- Dedicated hand washing sink

We saw evidence that an infection control audit had been undertaken in June 2017 using an audit tool aligned to the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup> guidance. We recognise this as good practice due to the comprehensive content the audit covers.

The practice had a daily maintenance programme for checking the sterilisation equipment. For example, a logbook was in place for each autoclave and we saw evidence that start and end of the day checks were taking place.

At the time of our visit we noted that the autoclaves did not have data loggers to record their pressure and temperature. Whilst staff were recording this information, we suggested that data loggers would help improve this process for staff.

### Medicines management

The practice had procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). A resuscitation policy was in place.

The practice had named, appointed first aiders.

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>2</sup>

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<sup>1</sup> [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

<sup>2</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

## **Safeguarding children and adults at risk**

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults in place.

We were told there were arrangements in place for staff to raise any concerns about the delivery of services to patients. We noted that all the dental nurses had completed training in the protection of vulnerable adults and children. Records for the dentists showed that their training had expired, or there were no certificates on file to confirm safeguarding training had been undertaken. This was raised with staff during the visit and we had confirmation that all dentists would complete this training as a matter of urgency, in order to comply with their General Dental Council (GDC) professional registration and continual professional development.

The practice told us that pre-employment checks of any new members of staff are carried out before they joined the practice. All staff had Disclosure and Barring Service (DBS) certificates in place, however we recommended that these are reviewed to ensure they are current because some certificates were many years old.

### **Improvement needed**

All dentists need to complete training in the protection of vulnerable adults and children. Evidence of completed training needs to be kept on file at the practice and confirmation given to HIW that this has been completed.

A review of DBS certificates for all staff is required in line with current regulations and the practices' policy to ensure DBS certificates are renewed accordingly.

## **Medical devices, equipment and diagnostic systems**

We looked at the clinical facilities within the practice and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries were well organised to help the team work efficiently and that there were good systems in place to check the dates of the materials stored within the surgeries. The surgeries were visibly clean and in good condition and all floors and work surfaces were sealed at the edges to ensure infection control procedures are adhered to.



All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and evidence of up-to-date ionising radiation training for all the clinical staff. The notification letter to Health and Safety Executive (HSE) regarding radiological protection was on file confirming that the practice is registered as required with the HSE.

## **Effective care**

### **Safe and clinically effective care**

It was evident that the practice is seeking to continuously improve the service provided. We were able to see that relevant audits had been completed or arranged by the practice.

### **Quality improvement, research and innovation**

From discussions with staff, we were informed that there was no formal peer review system between clinical staff. A peer review system is an evaluation of professional work by others in the same field. This method is to help maintain standards of quality and improve performance where applicable. We recommended that a peer review system is implemented to contribute to the quality and safety of the care provided to patients.

#### **Improvement needed**

An evaluation system of professional, clinical work (peer review) needs to be implemented to help maintain and improve standards of quality care to patients

### **Information governance and communications technology**

The practice had a computerised records system in place and we were told of the arrangements in place to ensure the system is regularly backed up to ensure records are safe and comply with the practices data protection policies.

### **Record keeping**

A sample of fifteen patients records were reviewed and overall, there was evidence that the practice as a whole is keeping good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing. However, we noted that more detail needed to be recorded in respect of social history and cancer screening.

Of the records we reviewed, the medical histories were not being updated in line with the practice's policy.

Issues were identified when reviewing patient radiographs. We noted that limited justification was recorded on some patient notes and other records had no evidence of X-rays being undertaken for procedures that should require an X-ray, specifically a patient with a basic periodontal examination<sup>3</sup> (BPE) score of 3 and there was no X-ray on file. We suggested that the practice establish an X-ray frequency in line with the Faculty of General Dental Practice (UK) guidelines. There was evidence of distorted X-ray images and we recommended the practice undertake an audit to identify any issues.

### Improvement needed

The following improvements are required in relation to patient notes:

- More detail needs to be recorded in respect of social history and cancer screening
- The practice needs to evidence that the patient and dentist have read/updated medical histories
- Radiograph alignment/distorted image issues need to be audited and the findings actioned
- The establishment of radiograph frequency in-line with guidelines and more detailed justification recorded

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<sup>3</sup> BPE - Basic periodontal examination - is a clinical examination of the periodontium (gums). The dentist takes a small measuring device and by gently poking the gums a dentist can see what state a patients gums are in and if gum disease is present.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found evidence of systems and processes in place which ensure the practice and the staff are supported and committed to providing a high quality service.

A range of relevant policies and procedures were in place and there were systems to induct, train and support staff.

Staff were in the process of ensuring all DBS checks were up to date and new signage for the practice had been ordered so patients knew the dentists available at the practice.

## Governance, leadership and accountability

Mydentist Tonypandy has been providing services in its current accommodation since 2015.

The practice manager had been recently appointed but there was evidence that they were supported in their role and had systems in place to ensure the practice meets and delivers the standards expected.

We observed a good rapport among the staff team and good interactions with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns directly with the practice manager, area manager or appropriate body if required.

## Staff and resources

### Workforce

All staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw some evidence showing staff had signed some policies and procedures to confirm they had read them and understood their responsibilities. We recommended that the procedure of staff signing all policies and procedures is evident for all documents because of the issues we identified regarding medical histories, whereby the practice's policy was not being followed regarding updating and countersigning them.

All policies and procedures are issued by head office and are available electronically. The documents we reviewed were all paper copies and we noted that the review dates listed on the version control sheet had expired on some documents. It is essential that if paper copies of policies and procedures are to be used by the practice, they need to ensure that up to date documents are kept so staff have access to the relevant/current information. Therefore, we recommend that all paper copies of policies and procedures used at the practice are reviewed to ensure they are the most up to date policy/procedure.

An induction process was in place for new starters. Staff confirmed that agency dental nurses had been used in the past and we saw evidence of what information the practice requires to satisfy themselves that the individuals have the necessary checks, experience and training in place to fulfil the practices requirements. Staff confirmed that agency staff received an induction but this was not being recorded. It was therefore recommended that the induction for agency staff is recorded and signed by the individuals as a record of the content covered.

We saw that all staff had accessed a variety of training, fulfilling their continuous professional development (CPD) requirements. However, as mentioned in the safeguarding section of this report, at the time of our visit the dentists had no evidence they were up to date with their protection of vulnerable adults and children training. This was discussed with staff during the visit and we recommended that this is addressed urgently and confirmation of completion provided to HIW.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice.

We saw evidence that staff meetings had taken place and that they should be held on a monthly basis in accordance with Mydentist procedures. However, because of the recent change in practice managers there hadn't been a meeting since April 2017. There were templates available for the team meeting agenda which were pre-populated with discussion topics. We were told that a

new timetable for team meetings was going to be devised and displayed centrally for staff to view.

We confirmed that all staff (where applicable) were registered with the General Dental Council. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulation 2008 and we saw confirmation of indemnity cover.

We found that the practice displayed its emergency contact details and the practice opening times on the outside entrance of the premises. The names and qualifications of the dentists had been recently ordered and the practice was waiting for the new signage to arrive.

#### Improvement needed

A review of the paper copies of policies and procedures kept at the practice is required to ensure they are the most up to date version

All agency staff must have a written induction signed by all parties to evidence that the process has been completed

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			



## Appendix B – Immediate improvement plan

**Service:**                      **Insert name**

**Date of inspection:**        **Insert date**

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurances were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Mydentist Tonypandy

**Date of inspection:** 4 July 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
Additional patient feedback systems need to be put in place so patients have an opportunity to provide their feedback/comments in writing and submit these at the practice  <i>GDC Standard 2.1</i>	6.3 Listening and Learning from feedback	Practice feedback forms are now in place, We are working on a feedback box within the company.	Marketing & PM	Completed.
<b>Delivery of safe and effective care</b>				
The signs need to be reviewed for the public toilet to ensure it can be located by patients	3.2 Communication	Signs for toilets have been ordered, and are awaiting to be delivered.	PM & Head Nurse	July 31st 17.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<i>GDC Standard 1.6 and 1.9</i>				
All dentists need to complete training in the protection of vulnerable adults and children. Evidence of completed training needs to be kept on file at the practice and confirmation given to HIW that this has been completed.  <i>GDC Standards 4.3.3 and 8.5</i>	2.7 Safeguarding children and adults at risk  7.1 Workforce	All clinicians have completed Safeguarding, awaiting certificates to be handed in.	Clinicians & PM	completed
A review of DBS certificates for all staff is required in line with current regulations and the practices' policy to ensure DBS certificates are renewed accordingly.	7.1 Workforce  Private Dentistry Regulations 2008	All DBS certificates have been processed and received by staff member, all have been filed away in personal file.	PM	Completed
An evaluation system of professional, clinical work (peer review) needs to be implemented to help maintain and improve standards of quality care to patients	3.3 Quality improvement, research and innovation	Peer reviews will be implemented, in next staff meeting.	Clinicians/PM	July 31st
The following improvements are required in relation to patient notes:  <input type="checkbox"/> More detail needs to be recorded in	3.5 Record keeping	One to one with clinicians to discuss note taking as well as discussing this in our staff meeting.	PM/CSM	End of august 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>respect of social history and cancer screening</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> the practice needs to evidence that the patient and dentist have read/updated medical histories</li> <li><input type="checkbox"/> Radiograph alignment/distorted image issues need to be audited and the findings actioned</li> <li><input type="checkbox"/> The establishment of radiograph frequency in-line with guidelines and more detailed justification recorded</li> </ul> <p><i>GDC Standard 4</i></p>		<p>File audits will be acted on.</p> <p>All clinicians will have a one to one with our Clinical advisor CSM</p> <p>Radiographs will be audited by clinicians on each other.</p>		
<b>Quality of management and leadership</b>				
<p>A review of the paper copies of policies and procedures kept at the practice is required to ensure they are the most up to date version</p>	<p>Governance, Leadership and Accountability</p>	<p>All Policies have been updated</p>	<p>Head Nurse</p>	<p>Completed.</p>
<p>All agency staff must have a written induction and signed by all parties to evidence that the process has been completed</p>	<p>7.1 Workforce</p>	<p>Paper induction checklist is now in place and will be implemented with every agency staff.</p>	<p>PM</p>	<p>Completed.</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print):**

**Job role:**

**Date:**